OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT
Invalid Usage of Diagnosis Codes

V0001   V CODES INVALID AS <u>PRINCIPAL</u> DIAGNOSIS

<u>Guideline:</u>   V codes are for use in both the inpatient and outpatient settings. However, they are generally more applicable to the outpatient setting. The V codes should not be first listed as principal diagnosis.

Category V21 and code V22.2 indicate additional information about the patient's status or condition, which may affect the course of treatment and its outcome.

Categories V12-V15 (history of) should be assigned when the previous condition is significant for the current episode of care. The history codes indicate that the patient no longer has the condition. The use of codes from categories V12-V15 as principal diagnoses is inappropriate.

Categories V42-V46 and subcategories V49.6 and V49.7 are for use only if there are no complications or malfunctions of the organ or tissue replaced, the amputation site or the equipment on which the patient is dependent. These are always secondary codes.

Categories V62-V64 are used as additional codes, which provide useful information on circumstances that may affect a patient's care and treatment.

Code V66.7 for palliative care should be sequenced second.

Diagnosis Table Only (Principal Diagnosis Field)

ICD-9-CM Codes	ICD-9-CM Interpretations
V13.61	Personal history of hypospadias - *effective* 1-1-04
V14	Personal history of allergy to medicinal agents
V15	Personal history presenting hazards to health (allergy, major surgery, irradiation, injury, poisoning, psychological trauma, and noncompliance) *Except: V15.7 Personal history of contraception* *V15.88 History of fall*
V21	Constitutional states in development (puberty, rapid growth, adolescence)
V22.2	Pregnant state, incidental
V26.5	Sterilization Status
V42	Organ or tissue replaced by transplant
V43	Organ or tissue replaced by other means *Except: V43.22 Fully implantable artificial heart status*
V44	Artificial opening status
V45	Other postsurgical status *Except: V45.7 acquired absence of organ*

V46	Other dependence on machines
	 Except: V46.12 Encounter for respirator dependence during power failure
	            V46.13 Encounter for weaning from respiratory [ventilator]
	            V46.14 Mechanical complication of respirator [ventilator]
	            V46.9 Unspecified machine dependence

V0001   **V CODES INVALID AS <u>PRINCIPAL</u> DIAGNOSIS** - CONTINUED
                      (see guideline on page 1)

                   Diagnosis Table Only (Principal Diagnosis Field)

<u>ICD-9-CM Codes</u>	<u>ICD-9-CM Interpretations</u>
V49.82	Dental sealant status
V49.83	Awaiting organ transplant status
V49.85	Dual sensory impairment
V58.6x	Long-term (current) drug use
V60	Housing, household, and economic circumstances
V62	Other psychosocial circumstances
V64	Persons encountering health services for specific procedures, not carried out
V66.7	Encounter for palliative care
V84	Genetic susceptibility to disease
V85	Body Mass Index
V86	Estrogen Receptor Status

<u>Exception:</u>   The code listed below may be used as principal diagnosis for the period of 01-01-91 to 09-30-91. During that period, the V history code V10.6x was allowed to be coded as principal diagnosis for bone marrow transplant until a new code was developed on 10-01-91 (codes 203-208 with 5th digit "2").

VW003   **CLASSIFICATION OF BIRTHS TOO VAGUE FOR A <u>PRINCIPAL</u> DIAGNOSIS**

<u>Guideline:</u>   Categories V33, V37, and V39 are too vague and should not be used in the acute care facility. Sufficient information regarding the birth is usually available to permit assignment of a more specific code.

Diagnosis Table Only (Principal Diagnosis Field)

<u>ICD-9-CM Codes</u>	<u>ICD-9-CM Interpretations</u>
V33.00	Twin, unspecified, born in hospital, no cesarean section
V33.01	Twin, unspecified, delivered by cesarean section
V33.1	Twin, unspecified, born before admission to hospital
V37.00	Other multiple birth, unspecified, born in hospital, no cesarean section
V37.01	Other multiple birth, unspecified, delivered by cesarean section
V37.1	Other multiple birth, unspecified, born before admission to hospital
V39.00	Unspecified birth, born in hospital, no cesarean section
V39.01	Unspecified birth, delivered by cesarean section
V39.1	Unspecified birth, born before admission to hospital

VW004   **LATE EFFECTS INVALID AS <u>PRINCIPAL</u> DIAGNOSIS**

<u>Guideline:</u>   Late effect is a residual condition produced after the acute phase of an illness or injury has terminated. There is no time limit on when a late effect code can be used.

Coding of late effects require two codes in this order: <u>first</u> - the residual condition and <u>second</u> - the late effect code. Exception: If residual is unknown, the late effect code for the cause can be used alone. These late effect codes are <u>not usually</u> reasons for admission.

Diagnosis Table Only (Principal Diagnosis Field)

<u>ICD-9-CM Codes</u>	<u>ICD-9-CM Interpretations</u>
137.0 - 137.4	Late effect - tuberculosis
138	Late effect - poliomyelitis
139.0 - 139.8	Late effect - infectious & parasitic diseases
268.1	Late effect - rickets
326	Late effect - intracranial abscess or pyogenic infection
905.0 - 909.9	Late effect - injuries, poisonings, toxic effects, other external causes

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VW005   **OLD HISTORY OF MYOCARDIAL INFARCTION INVALID AS <u>PRINCIPAL</u> DIAGNOSIS**

<u>Guideline:</u>   This condition is usually not the reason for admission to an acute care hospital. Old myocardial infarction is classified to code 412. When symptoms are present, appropriate codes for these conditions should be assigned; code 412 should not be used. Code 412 is never designated as a principal diagnosis for inpatients. It is not ordinarily assigned when current infarction or acute or subacute ischemic disease is present.

Diagnosis Table Only (Principal Diagnosis Field)

<u>ICD-9-CM Codes</u>   <u>ICD-9-CM Interpretations</u>

412   Old Myocardial Infarction

~~V0006~~

Standard   **HIV TEST RESULT REPORTED AS A DIAGNOSIS**
Edit   (No longer a coding edit V0006, refer to Edit Description Guide)

Guideline: The HIV test result is usually not the reason for admission to an acute care hospital. An abnormal HIV test rarely affects treatment or resource consumption; therefore, it should not be coded. California Code of Regulations prohibits the disclosure of any results of an HIV test whether positive, negative, or inconclusive without patient's authorization to each entity.

Diagnosis Table Only (Principal Diagnosis Field)

ICD-9-CM Codes	ICD-9-CM Interpretations
795.8	Positive serological or viral culture findings for human immunodeficiency virus (HIV) before 10-01-94
795.71	Nonspecific serologic evidence of human immunodeficiency virus [HIV] after 10-01-94
V08	Asymptomatic human immunodeficiency virus [HIV] infection status after 10-01-94

VW007   UNSPECIFIED INJURIES TOO VAGUE FOR A <u>PRINCIPAL</u> DIAGNOSIS

<u>Guideline:</u>   There are certain nonspecific diagnosis codes that are too vague to use for the principle diagnosis and should be avoided if possible. Sufficient information regarding the injuries is usually available to permit assignment of a more specific code. It should be noted that a diagnosis is considered nonspecific principal diagnosis only if the patient was discharged alive. The record should be searched for more specific information. If there is no documentation for further specificity, the physician should be asked for further information. Since patients who have died often do not receive a complete diagnostic workup, the specification of precise principal diagnosis may not be possible.

Diagnosis Table Only (Principal Diagnosis Field)

<u>ICD-9-CM Codes</u>	<u>ICD-9-CM Interpretations</u>
829.0	Fracture of unspecified bone, closed
829.1	Fracture of unspecified bone, open
839.8	Multiple and ill-defined dislocation, closed
839.9	Multiple and ill-defined dislocation, open
848.9	Unspecified site of sprain and strain
869.0	Internal injury to unspecified or ill-defined organs without mention of open wound into cavity
869.1	Internal injury to unspecified or ill-defined organs with mention of open wound into cavity
879.8	Open wound of unspecified site without mention of complication
879.9	Open wound of unspecified site, complicated
959.9	Injury, unspecified site

VW008   **UNSPECIFIED BURNS (949) TOO VAGUE FOR A <u>PRINCIPAL</u> DIAGNOSIS**

<u>Guideline:</u>   Category 949, Burns, unspecified sites, is extremely vague and should rarely be used in an acute care facility. It should be noted that a diagnosis is considered nonspecific principal diagnosis only if the patient was discharged alive. The record should be searched for more specific information. If there is no documentation for further specificity, the physician should be asked for further information. Since patients who have died often do not receive a complete diagnostic workup, the specification of precise principal diagnosis may not be possible.

Diagnosis Table Only (Principal Diagnosis Field)

<u>ICD-9-CM Codes</u>	<u>ICD-9-CM Interpretations</u>
949.0	Burn, unspecified degree
949.1	Erythema [first degree]
949.2	Blisters, epidermal loss [second degree]
949.3	Full-thickness skin loss [third degree NOS]
949.4	Deep necrosis of underlying tissues [deep third degree] without mention of loss of a body part
949.5	Deep necrosis of underlying tissues [deep third degree] with loss of a body part

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VW009   **COMPLICATIONS OF TRAUMA (958) QUESTIONABLE AS <u>PRINCIPAL</u> DIAGNOSIS**

<u>Guideline:</u>   Category 958 classifies certain early complications of trauma such as air or fat embolism, traumatic shock, traumatic anuria, traumatic subcutaneous emphysema, Volkmann's ischemic contracture, secondary and recurrent hemorrhage and posttraumatic wound infection. These conditions are not included in the original codes identifying the injury.

Codes from category 958 are assigned as secondary codes, with the code for the injury sequenced first. This is still essentially true, especially when the admission is for the purpose of treating the current injury. With today's shorter average length of stay and increased emphasis on outpatient care, the complication itself may occasionally be the reason for the outpatient encounter (or the condition occasioning admission) after treatment for the original injury <u>has been completed</u>.

Diagnosis Table Only (Principal Diagnosis Field)

<u>ICD-9-CM Codes</u>	<u>ICD-9-CM Interpretations</u>
958.0	Air embolism
958.1	Fat embolism
958.2	Secondary and recurrent hemorrhage
958.3	Posttraumatic wound infection, NEC
958.4	Traumatic shock
958.5	Traumatic anuria
958.6	Volkmann's ischemic contracture
958.7	Traumatic subcutaneous emphysema
958.8	Other early complications of trauma

V0010   DELIVERY OUTCOME (V27) INVALID AS PRINCIPAL DIAGNOSIS

Guideline: Because the delivery codes in Chapter 11 of the ICD-9-CM Codebook do not include information regarding the outcome of delivery, a code from category V27 must be used as an additional code to provide such information as to whether a live birth resulted or whether multiple births occurred. It is used as an additional code only -- **never** <u>as a principal diagnosis</u> -- and in coding the mother's medical record only.

Diagnosis Table Only (Principal Diagnosis Field)

<u>ICD-9-CM Codes</u>	<u>ICD-9-CM Interpretations</u>
V27.0	Outcome of delivery: Single liveborn
V27.1	Outcome of delivery: Single stillborn
V27.2	Outcome of delivery: Twins, both liveborn
V27.3	Outcome of delivery: Twins, one liveborn and one stillborn
V27.4	Outcome of delivery: Twins, both stillborn
V27.5	Outcome of delivery: Other multiple birth, all liveborn
V27.6	Outcome of delivery: Other multiple birth, some liveborn
V27.7	Outcome of delivery: Other multiple birth, all stillborn
V27.9	Outcome of delivery: Unspecified outcome of delivery

VW011   PRINCIPAL DIAGNOSIS - UNSPECIFIED ADVERSE EFFECT (995.2)

Guideline: Code 995.2, Unspecified adverse effect of drug, medicinal, and biological substance, is inappropriate for inpatient reporting. The medical record should have some documented sign or symptom of what the adverse reaction is. However, if there is no documented adverse reaction listed in the record, then assign code 796.0, Nonspecific abnormal toxicological findings. Code 995.2 is permissible in the outpatient setting.

Diagnosis Table Only (Principal Diagnosis Field)

ICD-9-CM Code	ICD-9-CM Interpretation
995.20	Unspecified effect of drug, medicinal, and biological substance
995.22	Unspecified adverse effect of anesthesia
995.23	Unspecified adverse effect of insulin
995.29	Unspecified adverse effect of other drug, medicinal and biological substance

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VW012   **NONSPECIFIC V CODE AS PRINCIPAL DIAGNOSIS**
new as of 1/1/97

Guideline: Certain V codes are so nonspecific, or potentially redundant when with other codes in the classification, that there could be little justification for their use in an inpatient setting. Otherwise, any sign or symptom or any other reason for the visit that is captured in another code should be used.

Diagnosis Table Only (Principal Diagnosis Field)

ICD-9-CM Code	ICD-9-CM Interpretation
V11	Personal history of mental disorder
V13.4	Personal history of arthritis
V13.69	Personal history of other congenital malformations
V13.9	Personal history of other specified disease
V15.7	Personal history of contraception
V40	Mental and behavioral problems
V41	Problems with special senses and other special functions
V46.9	Unspecified machine dependence
V47	Other problems with internal organs
V48	Problems with head, neck, and trunk
V49.0 – V49.5	Problems with limb and other problems
V49.9	
V51	Aftercare involving the use of plastic surgery
V58.2	Blood transfusion, without reported diagnosis
V58.5	Orthodontis
V58.9	Unspecified aftercare

V0013   **ITALICIZED CODE CANNOT BE A PRINCIPAL DIAGNOSIS** - n*ew as of 1/1/98*

Guideline: The diagnosis codes that are printed in italics cannot be used (designated) as principal diagnosis.

This dual classification is used to describe the assignment of two codes for certain diagnostic statements that contain information about both a manifestation and the underlying disease (etiology) with which it is associated. Mandatory multiple coding of this type is identified in the Tabular List by the use of italic type and by the printed instruction "Code also underlying disease." It is identified in the Alphabetic Index by the use of the second code in slanted brackets and italic type. The first code identifies the underlying condition (etiology) and the second italicized code identifies the manifestation listed. Both codes must be assigned.

Diagnosis Table Only (Principal Diagnosis Field)

ICD-9-CM Codes	ICD-9-CM Interpretations
284.2	*Myelophthisis*
289.52	*Splenic sequestration*
289.83	*Myelofibrosis*
294.10	*Dementia in conditions classified elsewhere without behavioral disturbance*
294.11	*Dementia in conditions classified elsewhere with behavioral disturbance*
320.7	*Meningitis in other bacterial diseases classified elsewhere*
321.0	*Cryptococcal meningitis*
321.1	*Meningitis in other fungal diseases*
321.2	*Meningitis due to viruses not elsewhere classified*
321.3	*Meningitis due to trypanosomiasis*
321.4	*Meningitis in sarcoidosis*
321.8	*Meningitis due to other nonbacterial organisms classified elsewhere*
323.0*1*	*Encephalitis and encephalomyelitis in viral diseases classified elsewhere*
323.02	*Myelitis in viral diseases classified elsewhere*
323.1	*Encephalitis and encephalomyelitis in rickettsial diseases classified elsewhere*
323.2	*Encephalitis in protozoal diseases classified elsewhere*
323.4*1*	*Other encephalitis and encephalomyelitis due to infection classified elsewhere*
323.42	*Other myelitis due to infection classified elsewhere*
323.61	*Infectious acute disseminated encephalomyelitis (ADEM)*
323.62	*Other post infectious encephalitis and encephalomyelitis*
323.6*3*	*Postinfectious myelitis*
323.7*1*	*Toxic encephalitis and encephalomyelitis*
323.72	*Toxic myelitis*
327.01	*Insomnia due to medical condition classified elsewhere*

V0013   **ITALICIZED CODE CANNOT BE A PRINCIPAL DIAGNOSIS** – CONTINUED
n*ew as of 1/1/98* (see guidelines on page 13)

Diagnosis Table Only (Principal Diagnosis Field)

ICD-9-CM Codes	ICD-9-CM Interpretations
327.02	*Insomnia due to mental disorder*
327.14	*Hypersomnia due to medical condition classified elsewhere*
327.15	*Hypersomnia due to mental disorder*
327.26	*Sleep related hypoventilation/hypoxemia in conditions classified elsewhere*
327.27	*Central sleep apnea in conditions classified elsewhere*
327.37	*Circadian rhythm sleep disorder in conditions classified elsewhere*
327.44	*Parasomnia in conditions classified elsewhere*
330.2	*Cerebral degeneration in generalized lipidoses*
330.3	*Cerebral degeneration of childhood in other diseases classified elsewhere*
331.7	*Cerebral degeneration in diseases classified elsewhere*
334.4	*Cerebellar ataxia in diseases classified elsewhere*
336.2	*Subacute combined degeneration of spinal cord in diseases*
336.3	*Myelopathy in other diseases classified elsewhere*
337.1	*Peripheral autonomic neuropathy in disorders classified elsewhere*
341.21	*Acute (transverse) myelitis in conditions classified elsewhere*
347.10	*Narcolepsy in conditions classified elsewhere, without cataplexy*
347.11	*Narcolepsy in conditions classified elsewhere, with cataplexy*
357.1	*Polyneuropathy in collagen vascular disease*
357.2	*Polyneuropathy in diabetes*
357.3	*Polyneuropathy in malignant disease*
357.4	*Polyneuropathy in other diseases classified elsewhere*
358.1	*Myasthenic syndromes in diseases classified elsewhere*
359.5	*Myopathy in endocrine disease classified elsewhere*
359.6	*Symptomatic inflammatory myopathy in diseases classified elsewhere*
362.02	*Proliferative diabetic retinopathy*
362.03	*Proliferative diabetic retinopathy*
362.04	*Mild nonproliferative diabetic retinopathy*
362.05	*Moderate nonproliferative diabetic retinopathy*
362.06	*Severe nonproliferative diabetic retinopathy*
362.07	*Diabetic macular edema*
362.71	*Retinal dystrophy in other systemic disorders and syndromes*
362.72	*Retinal dystrophy in other systemic disorders and syndrome*
364.11	*Chronic iridocyclitis in diseases classified elsewhere*
365.41	*Glaucoma associated with chamber angle anomalies*
365.42	*Glaucoma associated with anomalies of iris*
365.43	*Glaucoma associated with other anterior segment anomalies*

V0013   **ITALICIZED CODE CANNOT BE A PRINCIPAL DIAGNOSIS** – CONTINUED
n*ew as of 1/1/98* (see guidelines on page 13)

Diagnosis Table Only (Principal Diagnosis Field)

ICD-9-CM Codes	ICD-9-CM Interpretations
365.44	*Glaucoma associated with systemic syndromes*
366.41	*Diabetic cataract*
366.42	*Tetanic cataract*
366.43	*Myotonic cataract*
366.44	*Cataract associated with other syndromes*
370.44	*Keratitis or keratoconjunctivitis in exanthema*
371.05	*Phthisical cornea*
372.15	*Parasitic conjunctivitis*
372.31	*Rosacea conjunctivitis*
372.33	*Conjunctivitis in mucocutaneous disease*
373.4	*Infective dermatitis of eyelid of types resulting in deformity*
373.5	*Other infective dermatitis of eyelid*
373.6	*Parasitic infestation of eyelid*
374.51	*Xanthelasma*
376.13	*Parasitic infestation of orbit*
376.21	*Thyrotoxic exophthalmos*
376.22	*Exophthalmic ophthalmoplegia*
380.13	*Other acute infections of external ear*
380.15	*Chronic mycotic otitis externa*
382.02	*Acute suppurative otitis media in diseases classified elsewhere*
420.0	*Acute pericarditis in diseases classified elsewhere*
421.1	*Acute and subacute infective endocarditis in diseases classified elsewhere*
422.0	*Acute myocarditis in diseases classified elsewhere*
424.91	*Endocarditis in diseases classified elsewhere*
425.7	*Nutritional and metabolic cardiomyopathy*
425.8	*Cardiomyopathy in other diseases classified elsewhere*
443.81	*Peripheral angiopathy in diseases classified elsewhere*
456.20	*Esophageal varices in diseases classified elsewhere - with bleeding*
456.21	*Esophageal varices in diseases classified elsewhere - without mention of bleeding*
484.1	*Pneumonia in cytomegalic inclusion disease*
484.3	*Pneumonia in whooping cough*
484.5	*Pneumonia in anthrax*
484.6	*Pneumonia in aspergillosis*
484.7	*Pneumonia in other systemic myocoses*
484.8	*Pneumonia in other infectious diseases classified elsewhere*
516.1	*Idiopathic pulmonary hemosiderosis*
517.1	*Rheumatic pneumonia*
517.2	*Lung involvement in systemic sclerosis*
517.3	*Acute Chest Syndrome*

V0013   **ITALICIZED CODE CANNOT BE A PRINCIPAL DIAGNOSIS** – CONTINUED
n*ew as of 1/1/98* (see guidelines on page 13)

Diagnosis Table Only (Principal Diagnosis Field)

ICD-9-CM Codes	ICD-9-CM Interpretations
517.8	*Lung involvement in other diseases classified elsewhere*
525.10	*Acquired absence of teeth, unspecified*
525.11	*Loss of teeth due to trauma*
525.12	*Loss of teeth due to periodontal disease*
525.13	*Loss of teeth due to caries*
525.19	*Other loss of teeth*
567.0	*Peritonitis in infectious diseases classified elsewhere*
573.1	*Hepatitis in viral diseases classified elsewhere*
573.2	*Hepatitis in other infectious diseases classified elsewhere*
580.81	*Acute glomerulonephritis in diseases classified elsewhere*
581.81	*Nephrotic syndrome in diseases classified elsewhere*
582.81	*Chronic glomerulonephritis in diseases classified elsewhere*
583.81	*Nephritis and nephropathy, not specified as acute or chronic, in diseases classified elsewhere*
590.81	*Pyelitis or pyelonephritis in diseases classified elsewhere*
595.4	*Cystitis in diseases classified elsewhere*
598.01	*Urethral stricture due to infective diseases classified elsewhere*
601.4	*Prostatitis in diseases classified elsewhere*
604.91	*Orchitis and epididymitis in diseases classified elsewhere*
608.81	*Disorders of male genital organs in diseases classified elsewhere*
616.11	*Vaginitis and vulvovaginitis in diseases classified elsewhere*
616.51	*Ulceration of vulva in diseases elsewhere*
628.1	*Infertility, female, of pituitary-hypothalamic origin*
711.10-711.19	*Arthropathy associated with Reiter's disease and nonspecific urethritis*
711.20-711.29	*Arthropathy associated with Behcet's syndrome*
711.30-711.39	*Postdysenteric arthropathy*
711.40-711.49	*Arthropathy associated with other bacterial diseases*
711.50-711.56	*Arthropathy associated with other viral diseases*
711.60-711.69	*Arthropathy associated with mycoses*
711.70-711.79	*Arthropathy associated with Helminthiasis*
711.80-711.89	*Arthropathy associated with other infectious and parasitic diseases*
712.10-712.19	*Chondrocalcinosis due to dicalcium phosphate crystals*
712.20-712.29	*Chondrocalcinosis due to pyrophosphate crystals*
712.30-712.39	*Chondrocalcinosis, unspecified*
713.0	*Arthropathy associated with other endocrine and metabolic disorders*
713.1	*Arthropathy associated with gastrointestinal conditions other than infections*
713.2	*Arthropathy associated with hematological disorders*
713.3	*Arthropathy associated with dermatological disorders*
713.4	*Arthropathy associated with respiratory disorders*

V0013   **ITALICIZED CODE CANNOT BE A PRINCIPAL DIAGNOSIS** – CONTINUED
n*ew as of 1/1/98 (see guidline page 13)*

Diagnosis Table Only (Principal Diagnosis Field)

ICD-9-CM Codes	ICD-9-CM Interpretations
713.5	*Arthropathy associated with neurological disorders*
713.6	*Arthropathy associated with hypersensitivity reaction*
713.7	*Other general diseases with articular involvement*
713.8	*Arthropathy associated with other conditions classifiable elsewhere*
720.81	*Inflammatory spondylopathies in diseases classified elsewhere*
727.01	*Synovitis and tenosynovitis in diseases classified elsewhere*
730.70-730.79	*Osteopathy resulting from poliomyelitis*
730.80-730.89	*Other infections involving bone in diseases classified elsewhere*
731.1	*Osteitis deformans in diseases classified elsewhere*
731.8	*Other bone involvement in diseases classified elsewhere*
737.40	*Curvature of spine, unspecified*
737.41	*Kyphosis*
737.42	*Lordosis*
737.43	*Scoliosis*
774.0	*Perinatal jaundice from hereditary hemolytic anemias*
774.31	*Neonatal jaundice due to delayed conjugation in diseases classified elsewhere*
774.5	*Perinatal jaundice from other causes*
785.52	*Septic shock*

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STOP !!!

NEXT V-EDIT IS VW041